

121003

16085 U.S. PTO

Please type a plus sign (+) inside this box [+]

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No: 28514-1	Total Pages:
	First Named Inventor: Gary Lascelles	
	Title: Composite Articles Formed From Sheets Having Interconnecting Ridges	
	Express Mail Label No. EL889173307US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESSED TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
--	--

1. <input checked="" type="checkbox"/> Utility Patent Application Transmittal [Total Pages: 2] 2. <input type="checkbox"/> Applicant(s) claim(s) small entity status, 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification, Claims and Abstract [Total Pages: 11] 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets: 4] 5. Oath or Declaration [Total Pages: _] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 21 completed) [Note Box 6 below] i. <input type="checkbox"/> <u>DELETION OF INVENTORS</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Incorporation By Reference (useable if Box 5b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	7. <input type="checkbox"/> Microfiche Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer readable copy b. <input type="checkbox"/> Paper copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
--	--

Accompanying Application Parts 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO-1449) <input type="checkbox"/> Copies of Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) 16. <input type="checkbox"/> Request and Certification Under 35 U.S.C. §122(b)(2)(B)(i) 17. <input type="checkbox"/> Other:
--

17. FEE CALCULATION					
CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	4-20 =		x \$18 =	\$ --
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1-3 =		x \$86 =	\$ --
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	\$ --
				BASIC FEE (37 CFR 1.16(a))	\$ 770.00
				Total of above Calculations =	\$ 770.00
				Reduction by 50% for filing by small entity (37 CFR 1.27) =	\$ 385.00
				Assignment Recordation Fee =	\$ --
				TOTAL =	\$385.00

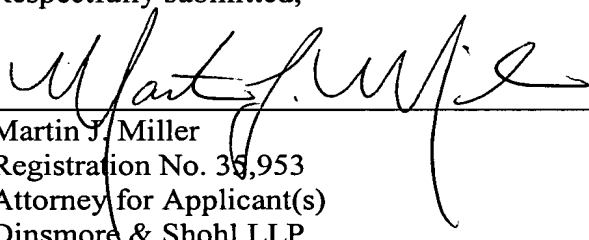
18. <input type="checkbox"/> Please charge Deposit Account No. 04-1133 in the amount of \$ _____. 19. a. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. b. <input type="checkbox"/> Please charge the amount of \$.00 to our Visa credit card account. Form PTO-2038 is attached. 20. <input type="checkbox"/> The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 04-1133: a. <input type="checkbox"/> Fees required under 37 CFR 1.16 b. <input type="checkbox"/> Fees required under 37 CFR 1.17
--

22141 U.S. PTO
10/732896

121003

21. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____/_____, filed _____.					
22. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 24256 or <input type="checkbox"/> Correspondence Address Below					
Name	Martin J. Miller				
	Dinsmore & Shohl LLP				
Address	1900 Chemed Center				
	255 East Fifth Street				
City	Cincinnati	State	OH	Zip Code	45202
Country	USA	Telephone	513-977-8565	Fax	513-977-8141

Respectfully submitted,



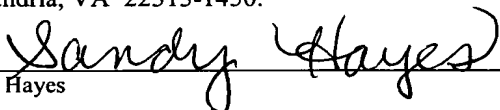
 Martin J. Miller
 Registration No. 35,953
 Attorney for Applicant(s)
 Dinsmore & Shohl LLP
 1900 Chemed Center
 255 E. Fifth Street
 Cincinnati, OH 45202
 (513) 977-8565

CERTIFICATE OF EXPRESS MAILING

"Express Mail" mailing label #: EL889173307US

Date of Deposit: December 10, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop Patent Application; P.O. Box 1450; Commissioner for Patents; Alexandria, VA 22313-1450.



 Sandy Hayes